

Name  
in  
Full

Emory L Adams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

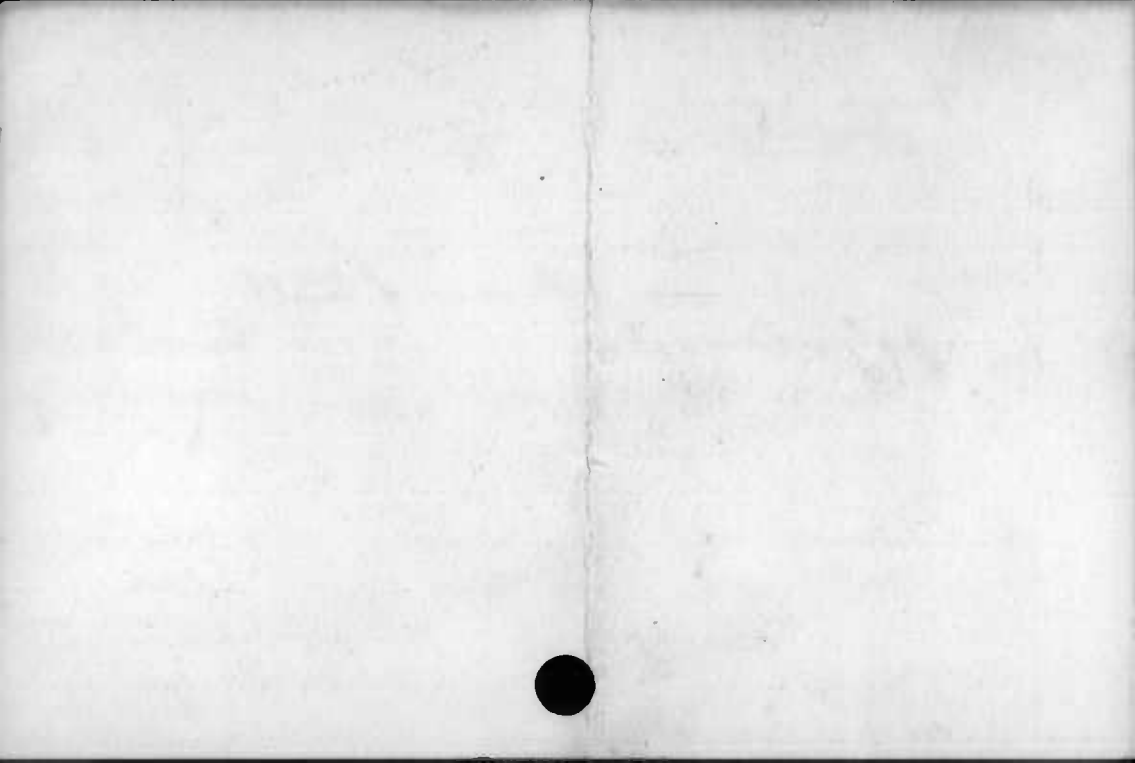
Died at <i>Westhollow</i>		County <i>Cannell</i>		MARYLAND	
Date of death	<i>1908 March 3</i>	Day <i>4</i>	Age <i>56</i>	Years <i>10</i>	Months <i>5</i> Days
Sex <i>Male</i>	Color or Race <i>White American</i>	Birthplace <i>Montgomery Co</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at Place of Death</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Laura L Adams Deed</i>				
Father's Name <i>John Adams</i>	Father's Birthplace <i>Montgomery Co</i>				
Mother's Maiden Name <i>Mary E Duwall</i>	Mother's Birthplace <i>Montgomery Co</i>				
Name of person giving information <i>Herbert H Adams</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long <i>sixteen days</i>
Immediate	<i>Cardiac Exhaustion</i>	How long <i>three days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>A J Cronk</i>
		Address <i>Antair Cannell Co Md</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

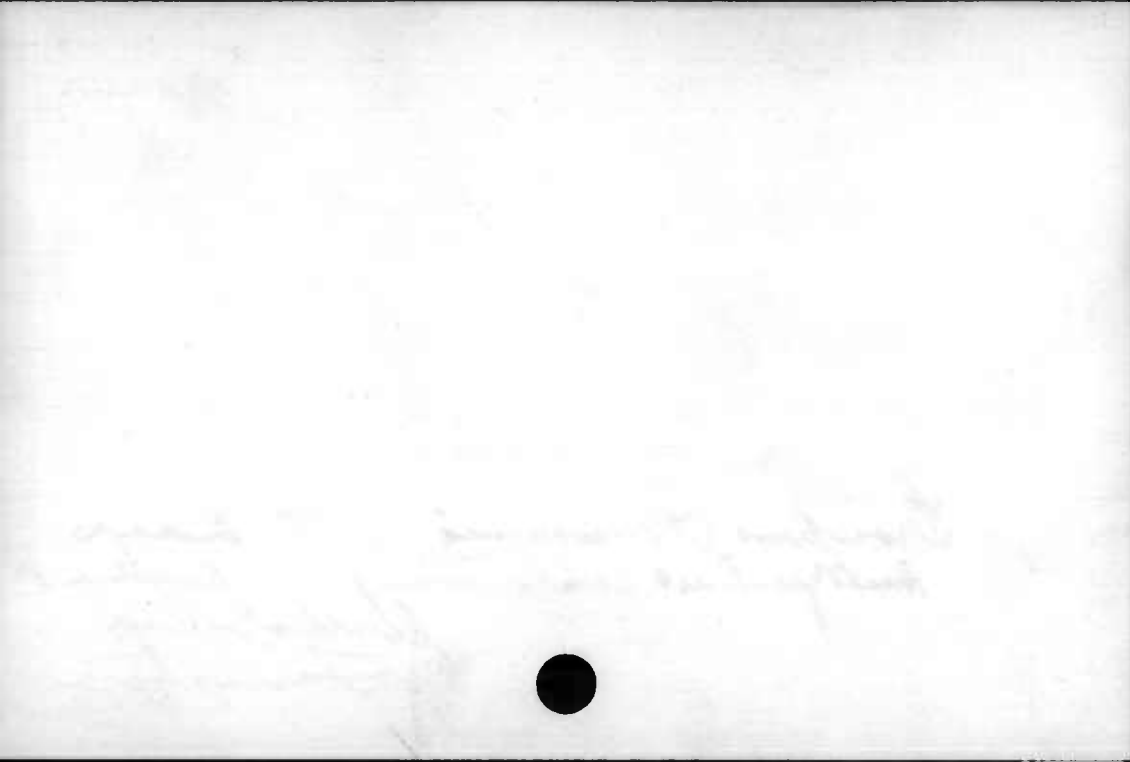
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John W. Angel.</i>		Town <i>Union Bridge</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Union Bridge</i>		Month <i>March</i>		Day <i>5</i>		Year <i>1908</i>	
Date of death <i>1908</i>		Month <i>March</i>		Day <i>5</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Carroll Co. Md</i>		Months <i>—</i>	
Occupation <i>Retired Farmer</i>		Where Residing <del>if not</del> at place of death		Name of Wife or <del>Husband</del> <i>Francis S. Hull</i>		Father's Birthplace <i>Carroll Co. Md.</i>	
Married, Single or Widowed		Name of Wife or <del>Husband</del> <i>Francis S. Hull</i>		Mother's Maiden Name <i>Susan Buffington</i>		Mother's Birthplace <i>Carroll Co. Md.</i>	
Father's Name <i>John Angel.</i>		How related to deceased <i>Son</i>		Name of person giving Information <i>Raymond. Angel.</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 years</i>
Immediate <i>Hemorrhage of Brain</i>	How long <i>week</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Watt</i>
	Address <i>Union Bridge Md</i>
Accident or Suicide	



Name  
in  
Full

CERTIFICATE OF DEATH

*Olivia M Angell*

Town

County

MARYLAND

Died at *Near Lancytown*

Date of death *1908* *3* *3*

Age *23* Years *1* Months *23* Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *home* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Geary Angell* Father's Birthplace *Ind*

Mother's Maiden Name *Winnie Harner* Mother's Birthplace *Ind*

Name of person giving information *Geary Angell* How related to deceased *Father*

CAUSES OF DEATH

**93**

Primary *Croupous Pneumonia* How long *2 days*

Immediate *Heart failure & Exhaustion* How long *Instant*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

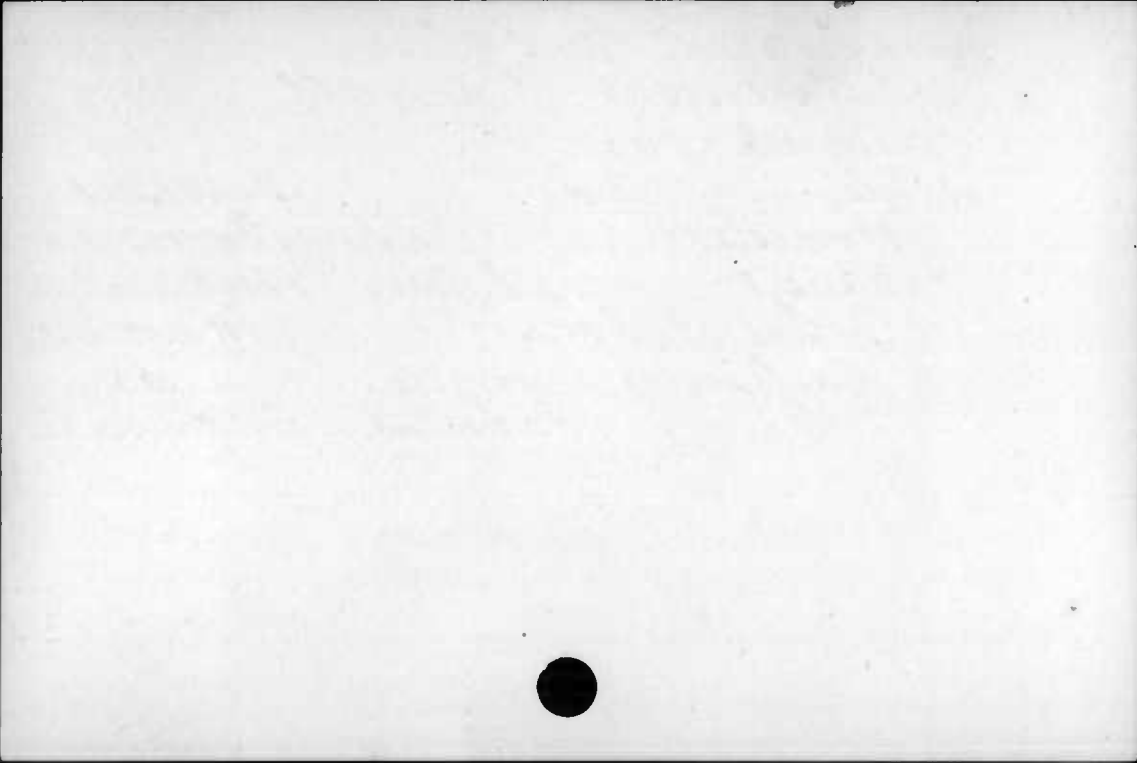
Address

*Charles E. Ross*  
*Lancytown*  
*Ind.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Emanuel Babylon

325

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Westminster		Carroll					
Date of death	1908	Month	March	Day	16	Age	68
Sex	Male	Color or Race	White	Months	7	Days	17
Occupation	Minister	Where Residing if not at place of death	Spring Grove, Pa				
Married, Single or Widowed	Married	Name of Wife or Husband	Catharine Miller				
Father's Name	John Babylon			Father's Birthplace	Maryland		
Mother's Maiden Name	Catharine Smith			Mother's Birthplace	do		
Name of person giving information	George Babylon			How related to deceased	Son		

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary	Congestion of Lungs		How long	Several hours
Immediate	Edema of Lungs		How long	1/2 hour
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Lewis Woodward	
		Address	Westminster	
Accident or Suicide?		No.	Med	

Spring ~~home~~  
York Co Penna  
Shaner



Name  
in  
Full

John Mc Baker

331

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Patapsico		County Carroll		MARYLAND	
Date of death		1908	Month Mar	Day 21	Age 22	Years 5-	Months 5-
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Miller				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Nelson H Baker		Father's Birthplace Maryland					
Mother's Maiden Name Ida Downey		Mother's Birthplace Maryland					
Name of person giving information Mr Edward Lehrs		How related to deceased Friend					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long indefinite
Immediate	Asthenia	How long indefinite
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Harry C. Fitch
		Address Westminster Md.
Accident or Suicide?		

Patapsco Cemetery  
Stoner

Name in Full

Certificate of Death

Maisy Irene Black

Town

County

Died at

MARYLAND

Date 189

1908

Month

3

Day

1

Y.

M.

D.

5

Native of

Md

Occupation

Male

~~White~~

Age

~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Walter C. Black

Mother's

Name

Caroline Brown

Cause of

Primary

Injury from runaway

How long sick

Death

Immediate

At mouth before birth

Accident, Suicide, Homicide

Reported by

Address

Dr. W. C. Hoff

Maiden Bluff, Md

151

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Father's birthplace ——— Carroll Co. Md.

Mother's birthplace ——— Carroll Co. Md.

Name  
in  
Full

Russell Bowman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

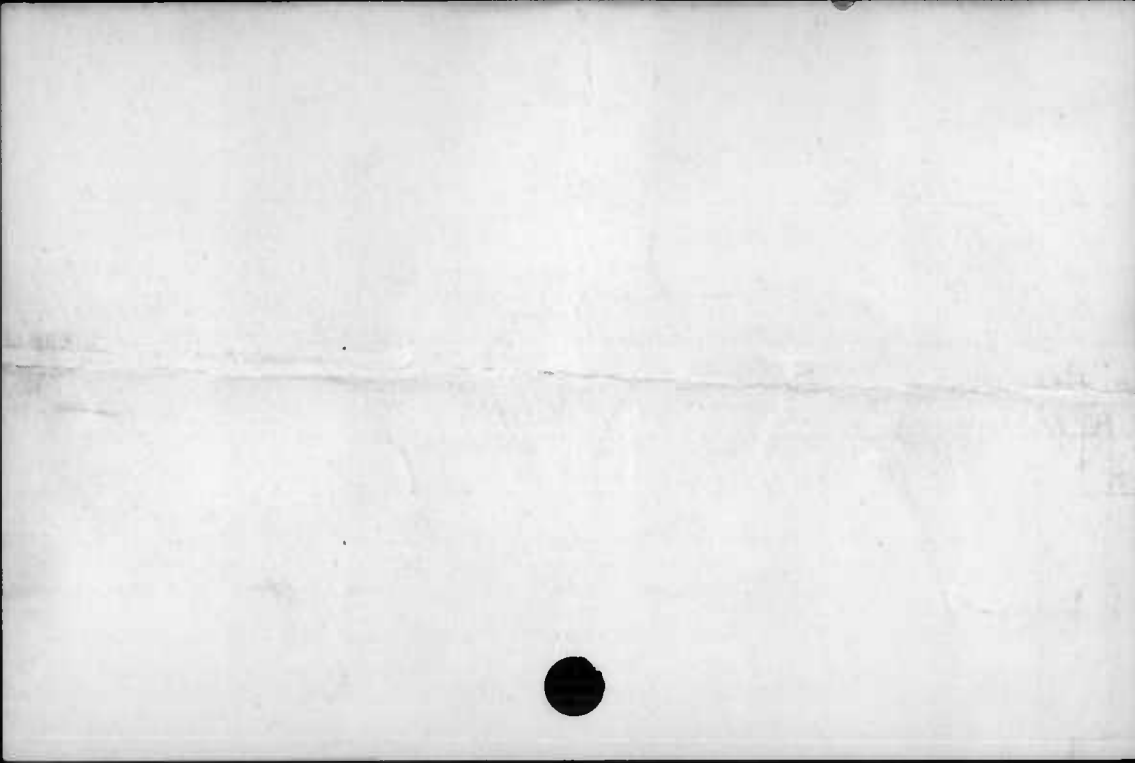
Died at <i>Eldersburg</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1908	Month	March	Day	14	Age	—
Sex	male	Color or Race	Black	Birthplace	md.	Months	11
Occupation	none	Where Residing if not at place of death <i>same</i>					
Married, Single or Widowed	—	Name of Wife or Husband —					
Father's Name	<i>Henry Bowman</i>				Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>James Broddus</i>				Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Henry Bowman</i>				How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M D Morris</i>
		Address	<i>Eldersburg</i>
			<i>md.</i>
Accident or Suicide?	—		



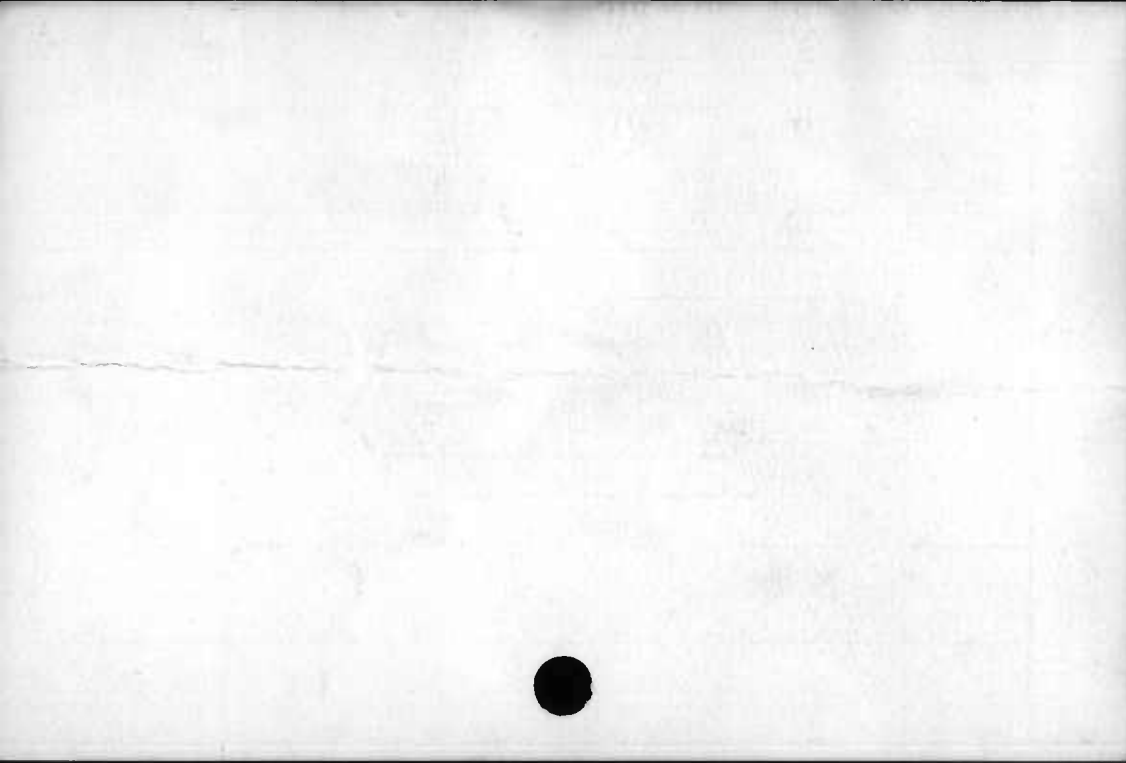
Name In Full		Summersfield Cole				332		
						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Westminster		County Carroll		MARYLAND	
	Date of death		1908	Month Mar	Day 23	Age	Years 56	Months 3
							Days 20	
	Sex		Male		Color or Race Colored		Birth-place Virginia	
	Occupation		Laborer		Where Residing if not at place of death			
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Don't know				Father's Birthplace	
Mother's Maiden Name		Don't know				Mother's Birthplace		
Name of person giving information		Lucretia Behoe				How related to deceased		
						Friend.		
		CAUSES OF DEATH				27		
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis				How long One yr	
	Immediate		Exhaustion				How long One week	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chas. R. Fouts	
					Address		Westminster Md.	
	Accident or Suicide?							

Ellsworth Cemetery  
Stones.



Name in Full		Lizzie Oakell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sykesville	County Carroll		MARYLAND	
	Date of death	1908	Month March	Day 1st	Age 65	Months 11.	Days 2
	Sex	Female		Color or Race	White		Birth-place Md
	Occupation	Housekeeper		Where Residing if not at place of death			
	Married, Single or Widowed	Divorced		Name of Wife or Husband	Unknown		
	Father's Name	Shadrack Lidden				Father's Birthplace	Md
	Mother's Maiden Name	Ann Lidden				Mother's Birthplace	Md
Name of person giving information	Charles R. Neal (Trustee)				How related to deceased	No relationship.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Mania				How long	2 weeks
	Immediate	Exhaustion				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		
	Accident or Suicide?		—		Address		
							John Norfolk Morris M.D., Springfield Hospital, Sykesville, Carroll Co., Md

68



Name  
in  
Full

Andrew Horsey

321  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Washington		County Carroll		MARYLAND	
Date of death		1908	Month Mar	Day 9	Age 50	Years	Months -
Sex Male		Color or Race Colored		Birth-place Maryland		Days -	
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed Widower		Name of Wife or Husband Unknown					
Father's Name Don't know		Father's Birthplace Don't know					
Mother's Maiden Name Don't know		Mother's Birthplace Don't know					
Name of person giving information Eugene Peterson		How related to deceased Son-in-law					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Nitrate Regurgitation, Chronic Nephritis	How long 3 1/2 years -
Immediate	Heart Failure	How long 2 1/2 hours -
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Arthur Barr
		Address Washington
Accident or Suicide? No		

Ellsworth Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

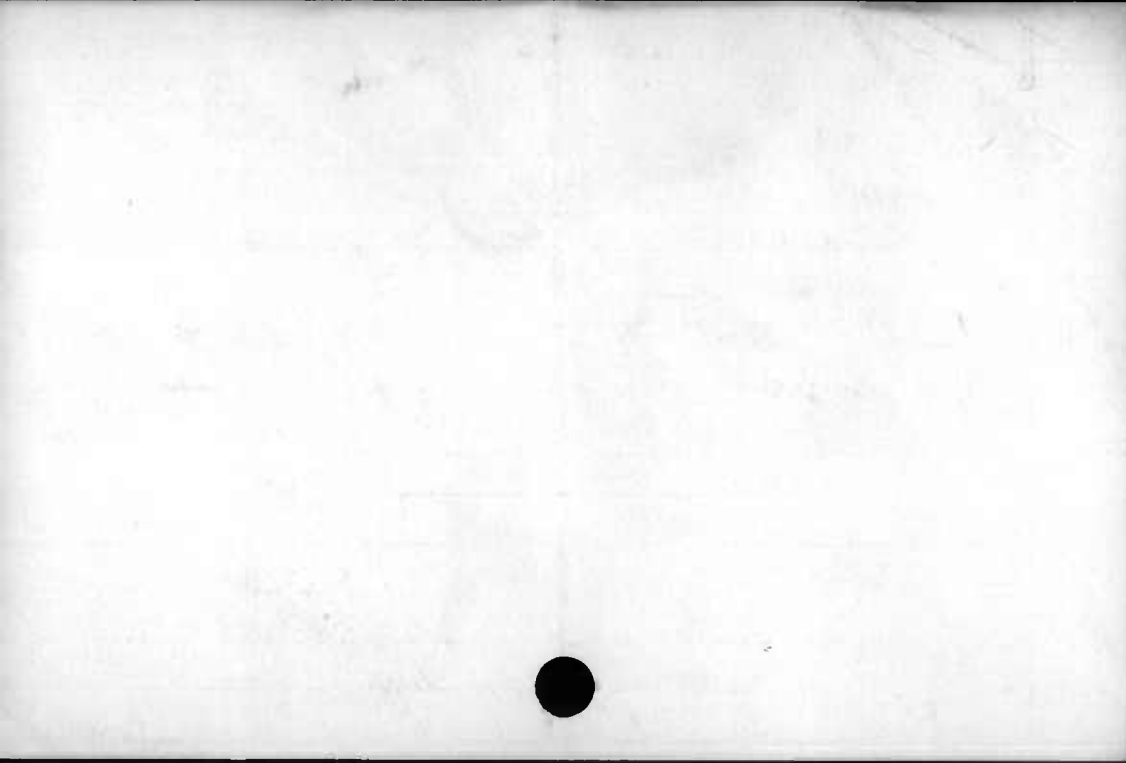
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Wesley Dotson</i>		Town <i>Near Watrousville</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Near Watrousville</i>		Month <i>March</i>		Day <i>1</i>		Years <i>55</i>	
Date of death <i>1908</i>		Month <i>March</i>		Day <i>1</i>		Age <i>55</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Carroll Co.</i>		Months <i>Don't know</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Near Watrousville</i>		Days <i>Don't know</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ellen Dotson</i>		Father's Name <i>Henderson Dotson</i>		Father's Birthplace <i>Carroll Co.</i>	
Mother's Maiden Name <i>Don't know</i>		Name of person giving information <i>Mr. Regg's Storehouse</i>		Mother's Birthplace <i>Don't know</i>		How related to deceased <i>not at all</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Bright's Disease</i>	How long <i>2 months</i>
Immediate <i>Sudden</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Brownwell</i>
	Address <i>Mt. Airy, Ind.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Barton, S. L. Duttera

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

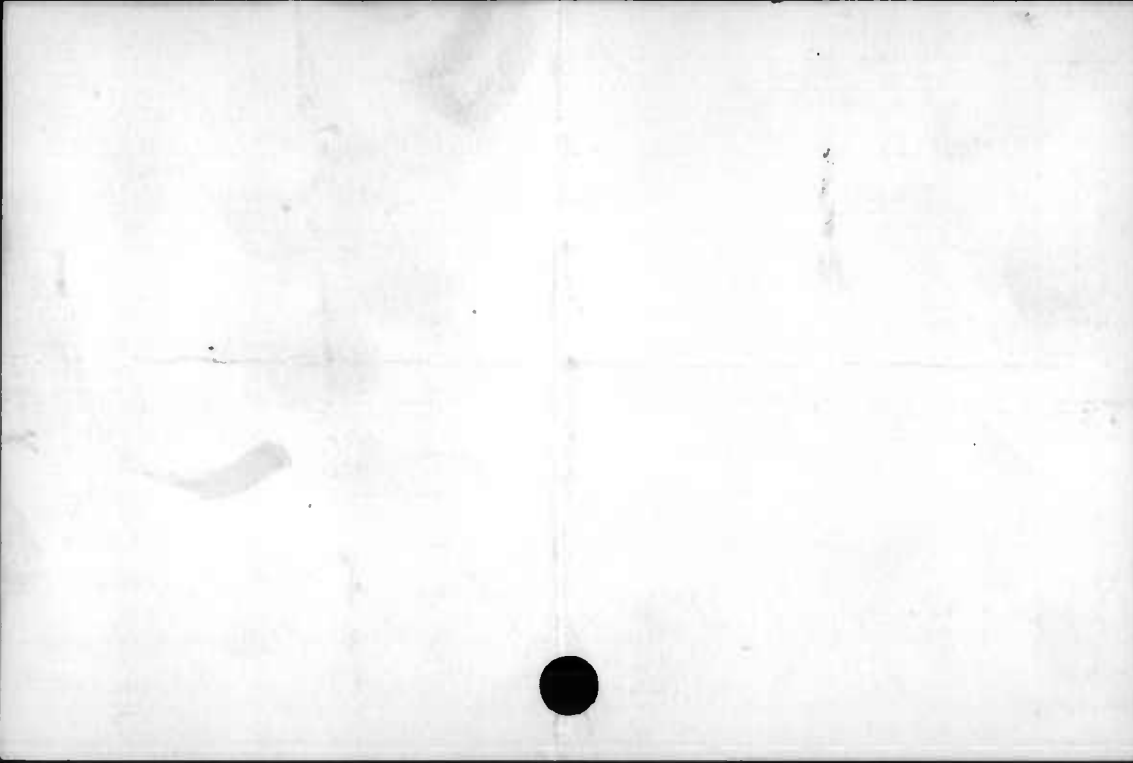
Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month	March	Day	28	Years	20
Sex	Male	Color or Race	White	Birth-place	Pa.	Months	Days
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Wm H Duttera					Father's Birthplace	md
Mother's Maiden Name	Sarah A Lotts					Mother's Birthplace	Pa
Name of person giving information	Hospital records					How related to deceased	

## CAUSES OF DEATH

109

PHYSICIAN  
OR CORONER

Primary	<i>Ischio-rectal abscess</i>		How long	<i>11 days</i>
Immediate	<i>Septicaemia</i>		How long	<i>9 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			Address	
Accident or Suicide?		<i>No</i>	<i>Chas. J. Caney</i> <i>Sycamoreville Md.</i>	





Name  
in  
Full327  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Date of death	1908	Month <i>Mich</i>	Day <i>20</i>	Age <i>34</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>John Eichorn</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Elizabeth Biston</i>	Mother's Birthplace <i>do</i>						
Name of person giving information <i>Elizabeth Eichorn</i>	How related to deceased <i>Mother</i>						

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pleuro Pneumonia</i>	How long <i>48 hours</i>
Immediate	<i>Heart Failure</i>	How long <i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		
<i>Yes</i>		
Signature of Physician <i>Chas R. Fournier</i>		
Address <i>Westminster Md</i>		
Accident or Suicide? <i>—</i>		

Waldmunder Cemetery

Name  
in  
Full

George Fletcher

## CERTIFICATE OF DEATH

Town

County

Died at Springfield Hospital

Carroll

MARYLAND

Date of death 1908 March

Day 24

Age

Years

76

Months

Days

Sex

male

Color or  
Race

White

Birth-  
place

md.

Occupation

Fisherman

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Unknown

Father's  
Name

Wm F. Fletcher

Father's  
Birthplace

unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

"

Name of person giving  
In formation

Hospital records

How related  
to deceased

## CAUSES OF DEATH

120

Primary

Senile dementia

How long

4 yrs.

Immediate

Chr Nephritis + Cardiac dilatation

How long

about 2 1/2 yrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Chas. J. Carey

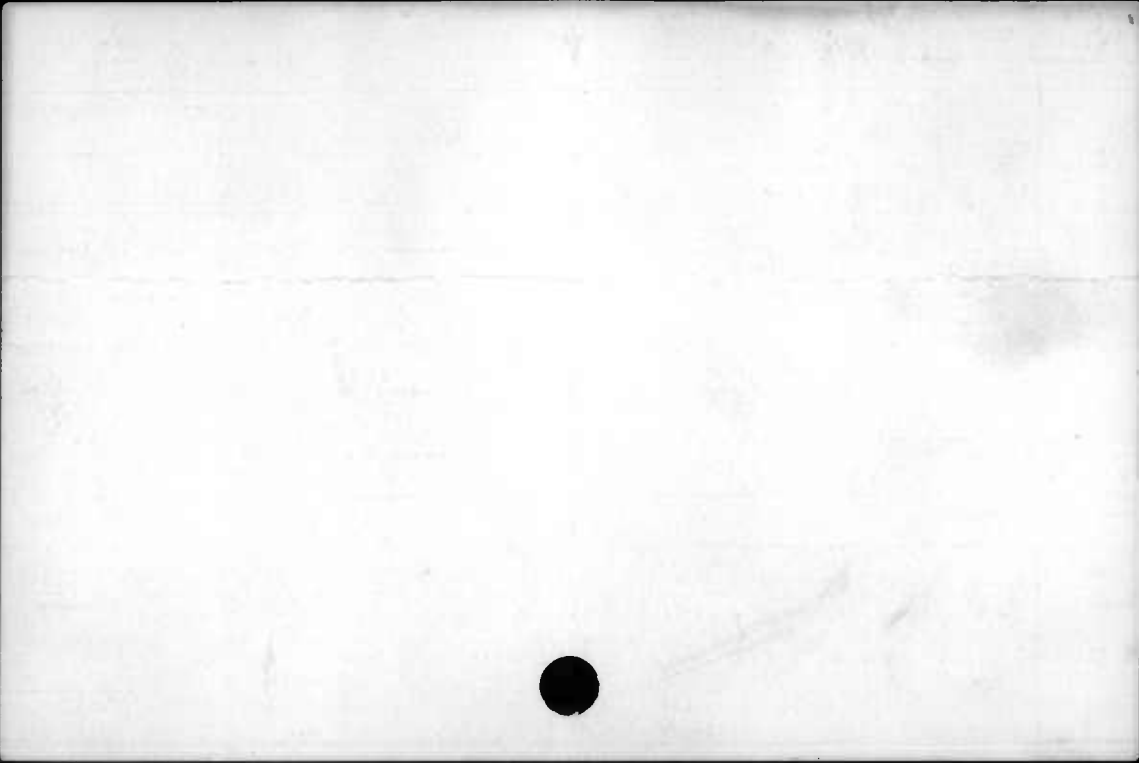
Address

Sykesville md.

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Absalom Fuhrman				333		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Westminister		County Carroll		MARYLAND			
	Date of death		1908	Month Mar	Day 25	Age 79	Months 9	Days 29		
	Sex		Male		Color or Race White		Birth-place Maryland			
	Occupation Retired farmer				Where Residing if not at place of death					
	Married, Single or Widowed		Married		Name of Wife or Husband		Sarah Fuhrman			
	Father's Name Jacob Fuhrman				Father's Birthplace Maryland					
	Mother's Maiden Name Julia Bair				Mother's Birthplace Maryland					
	Name of person giving information Frank Fuhrman				How related to deceased Son					
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary Heart Dist & Dropsy					How long 5 Months				
	Immediate Paralysis					How long 20 hours				
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician John S. Mathias				
	Address Jes - Westminister Md.									
Accident or Suicide?										

St. Rufinus' Cemetery  
Stoner.

Name  
in  
Full

Aaron

Gartrell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

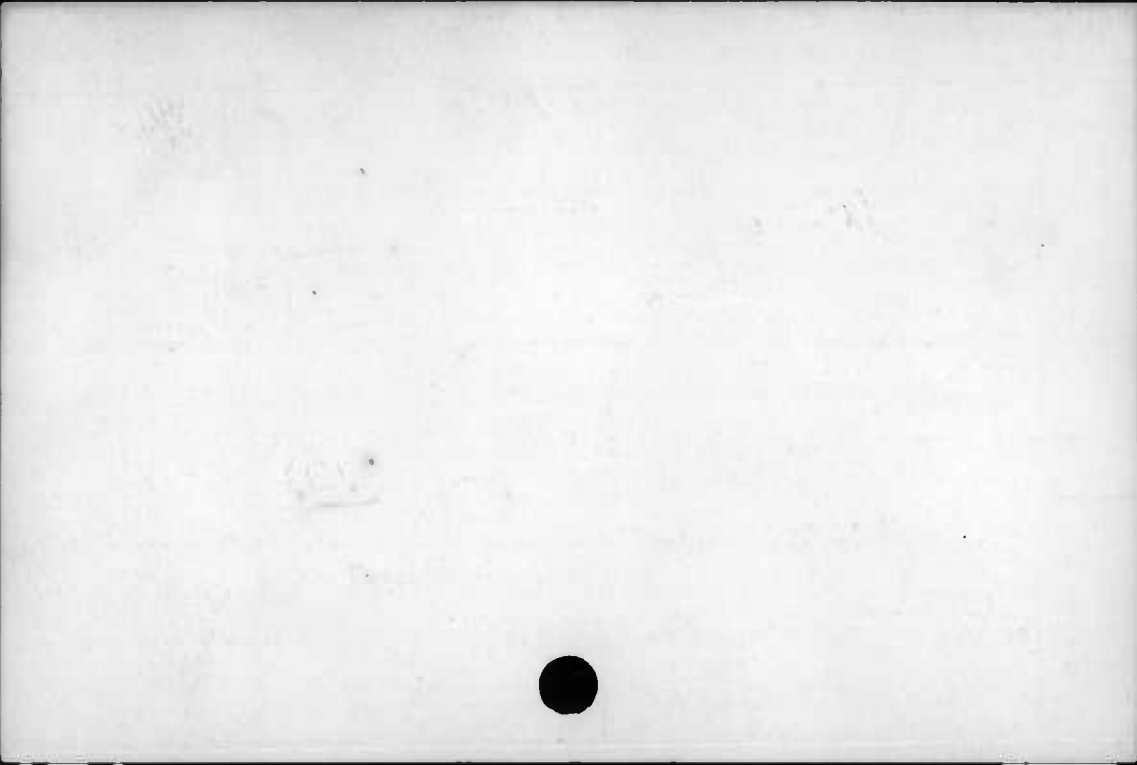
Died at		Town Morgan		County Carroll		MARYLAND	
Date of death		1908	Month Mar	Day 29	Age 52	Years 9	Months 25
Sex Male		Color or Race white		Birth-place Day, Carroll Co. Md			
Occupation Laborer		Where Residing if not et place of death		same			
Married, Single or Widowed		married		Name of Wife or Husband		Elizabeth Gartrell	
Father's Name		John Gartrell		Father's Birthplace		Maryland	
Mother's Maiden Name		Ruth Ann Gartrell		Mother's Birthplace		Maryland	
Name of person giving In formation		Francis S Rodgers		How related to deceased		none	

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Atrophic Softening of Brain	How long	3 yrs.
Immediate	griff with heart failure	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E D Cronk	
Address		Winfield Carroll Co	
Accident or Suicide?			





Martha R. Gilbert

Town

County

Died at

Sumner

Carroll

MARYLAND

1908  
Date 189 8  
Month 3 Day 29  
Age 57 Y. 1 M. 18 D. 18  
Native of Md -  
Occupation Housewife  
Male White Married Widow Divorced  
Female Colored Single Widower Number of children living 8

Husband of Albert A. Gilbert  
Wife of  
Father's Name Peter Hubbard  
Mother's Name Josephine Hubbard

Cause of Death { Primary Cystic tumor of lungs  
Immediate Exhaustion  
How long sick Six months  
Accident, Suicide, Homicide

Reported by

Address

Human Bridge  
Filed 1908

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's birthplace ——— Frederick Co. Ind.  
Mother's birthplace ——— Frederick Co Ind

Name  
in  
Full

Gosnell Albert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>now</u> <u>Sykesville</u> <small>Town</small>		<u>Barnes</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small> <u>March</u> <small>Day</small> <u>9th</u>	Age	<u>-</u> <small>Years</small>	Months	<u>3</u> <small>Days</small> <u>-</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Ind.</u>
Occupation	<u>none</u>	Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband <u>none</u>			
Father's Name				Father's Birthplace	
Mother's Maiden Name	<u>Ada M. Gosnell</u>			Mother's Birthplace <u>Ind.</u>	
Name of person giving information	<u>Blair Lincoln</u>			How related to deceased <u>Grand Son</u>	

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia - Bronchitis</u>	How long	<u>2 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>M. Frank Lincoln, M.D.</u>
		Address	<u>Sykesville, Ind.</u>
Accident or Suicide? <u>-</u>			



Name  
in  
Full

Ralf E. Groft

320  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Washington</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Mar</i>	Day <i>5</i>	Age	Years	Months <i>2</i> Days <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Joseph M Groft</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>May Gettier</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>May Groft</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary <i>Asphyxia</i>	How long
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Coonan M.D.</i>
	Address <i>Washington</i>
Accident or <del>Suicide</del> ?	<i>No</i>

Westmiller Cemetery  
Stoner

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

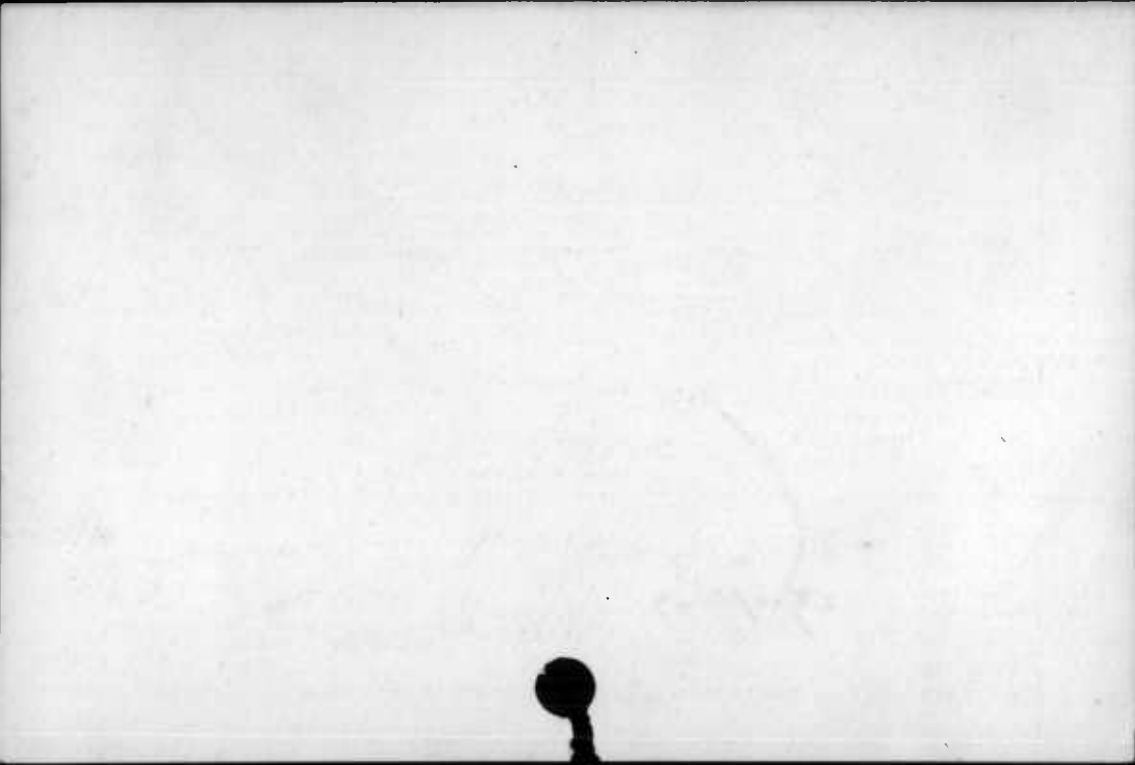
Name in Full <i>Matthew Harner</i>		Town <i>Near Lancytown</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Near Lancytown</i>							
Date of death	1908	Month <i>March</i>	Day <i>11</i>	Age <i>66</i>	Years <i>10</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Med</i>				
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife on <del>and</del> <i>Louisa A Harner</i>					
Father's Name <i>Samuel Harner</i>		Father's Birthplace <i>Med</i>					
Mother's Maiden Name <i>Louisa Eckenrodt</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Louisa Harner</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Valvular disease Heart</i>	How long <i>4 years</i>
Immediate	<i>"</i>	How long <i>instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. B. B. B.</i>
<i>Filed 1908</i>		Address <i>Youngstown</i>
Accident or Suicide?		





Name in Full

Certificate of Death

Margaret Hoffman

Town

County

Died at Union Bridge Carroll

MARYLAND

1908      Month      Day      Y.      M.      D.      Native of      Occupation  
 Date 189      3      28      Age 88      Md      Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

old age

Death

Immediate

apoplexy

How long sick

2 weeks

Accident, Suicide, Homicide

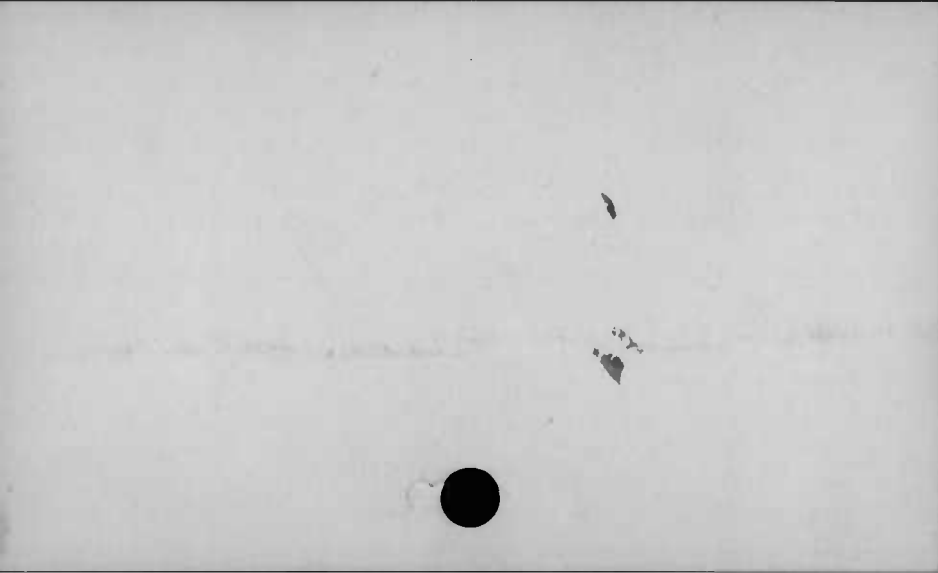
Reported by

Address

New Windsor Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name  
in  
Full

Oliver Augustus Hull

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> New Windsor<sup>County</sup> Carroll

MARYLAND

Date of death 1908 March

Day 12

Age 65

Months

Days

Sex Male

Color or Race

White

Birth-place

Maryland

Occupation

Farmer

Where Residing if not at place of death

New Windsor

Married, Single or Widowed

Married

Name of Wife or Husband

Rachel S. Hull

Father's Name

Samuel Hull

Father's Birthplace

Maryland

Mother's Maiden Name

Sophia Nicodemus

Mother's Birthplace

Maryland

Name of person giving information

Thomas F. Fowler

How related to deceased

son-in-law

## CAUSES OF DEATH

120

Primary

Chronic Interstitial Hepatitis

How long

Immediate

..

..

Complications

How long

Are the name, age, sex, color, date and place correctly given above?

yfs

Signature of Physician

Dr. Ira E. Whitehead

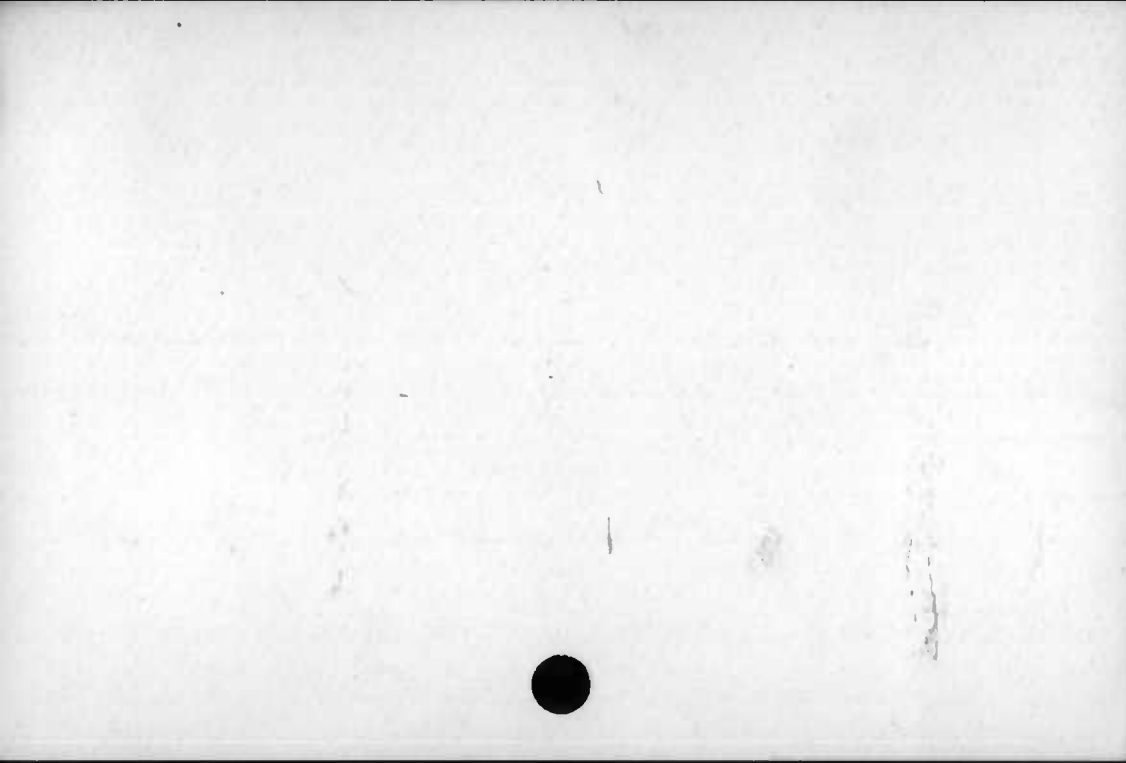
Address

New Windsor

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Barbara Krutzenhaler

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> *Manchester* <sup>County</sup> *Carroll*Date of death *1908* <sup>Month</sup> *3* <sup>Day</sup> *8* <sup>Years</sup> *76* <sup>Months</sup>  <sup>Days</sup> Sex *Female* Color or Race *White* Birth-place *Germany*Occupation *Housewife* Where Residing if not at place of death *Manchester*Married, Single or Widowed *Widow* Name of Wife or Husband *Conrad Krutzenhaler*Father's Name *John Theinert* Father's Birthplace *Germany*Mother's Maiden Name *Elizabeth Kufner* Mother's Birthplace *Germany*Name of person giving information *Mrs J. C. Folbert* How related to deceased *Daughter*

## CAUSES OF DEATH

79

Primary *Hypertrophy of Heart & Dropsy* How long *One year*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

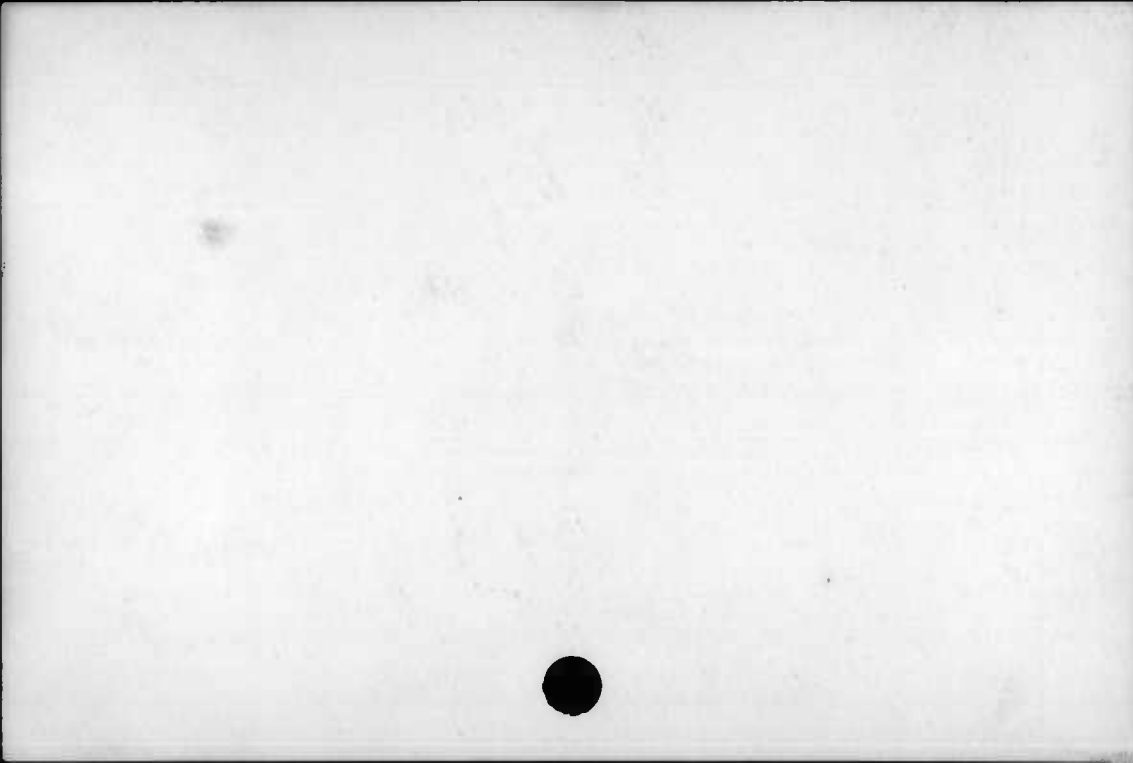
Signature of Physician

Address

*J. H. Sherman MD*  
*Manchester Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

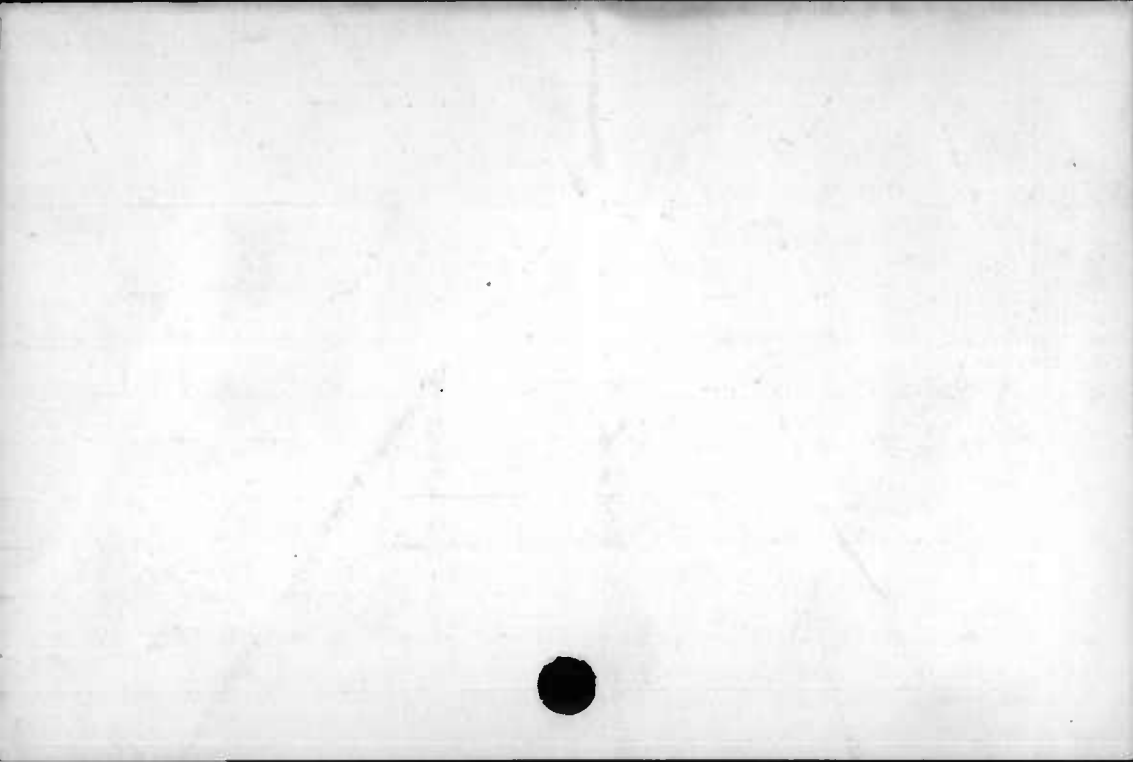
Name in Full <i>Hilda M. Luse</i>		Town <i>Myers</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Myers</i>		Month <i>Feb</i>		Day <i>8th</i>		Age <i>4</i>	
Date of death <i>1908</i>		Months <i>0</i>		Years <i>1</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death					
Married—Single or Widowed		Name of Wife or Husband <i>Clayton J. Luse</i>					
Father's Name <i>Clayton J. Luse</i>		Father's Birthplace <i>Myers, Md.</i>					
Mother's Maiden Name <i>Etta M. Brock</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Husband</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary <i>Extensive Burn of face</i>	How long <i>Ten days</i>
Immediate <i>Congestion of lungs</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. A. Keagy</i>
	Address
Accident or Suicide?	





Name  
in  
Full

Mrs Josephine Lesner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

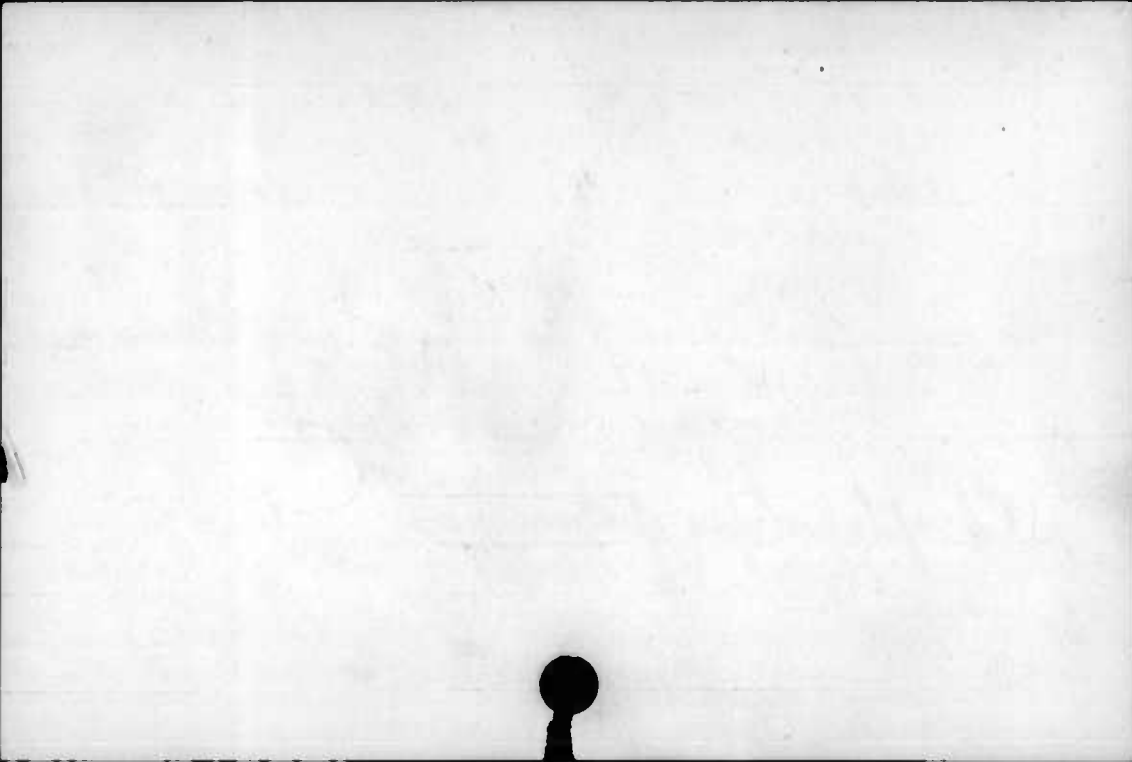
Died at <i>Millers</i> <small>Town</small>		<i>Canoll</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>March</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>74</i> <small>Years</small>	<i>11</i> <small>Months</small>	<i>20</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John T. Lesner</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Henry Lesner</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Lobular Pneumonia</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J H Sherman M.D.</i>
	Address <i>Manchester</i>
Accident or Suicide?	<i>Med</i>



Name  
in  
Full

William Henry Lindsay

326  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date	of death	1908	Month March	Day 17	Age 65	Years 6	Months 2
Sex	Male		Color or Race	White		Birth- place	Maryland
Occupation	Butcher			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Martha A. Ogg			
Father's Name	John Henry Lindsay			Father's Birthplace	Maryland		
Mother's Maiden Name	Prudence Parrish			Mother's Birthplace	Idaho		
Name of person giving Information	Martha A. Lindsay			How related to deceased	Wife		

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Complication of disease		How long	One year
Immediate	Heart Failure		How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address Westminster Md		
Accident or Suicide?				

General

Name  
in  
Full

John W. McChelland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

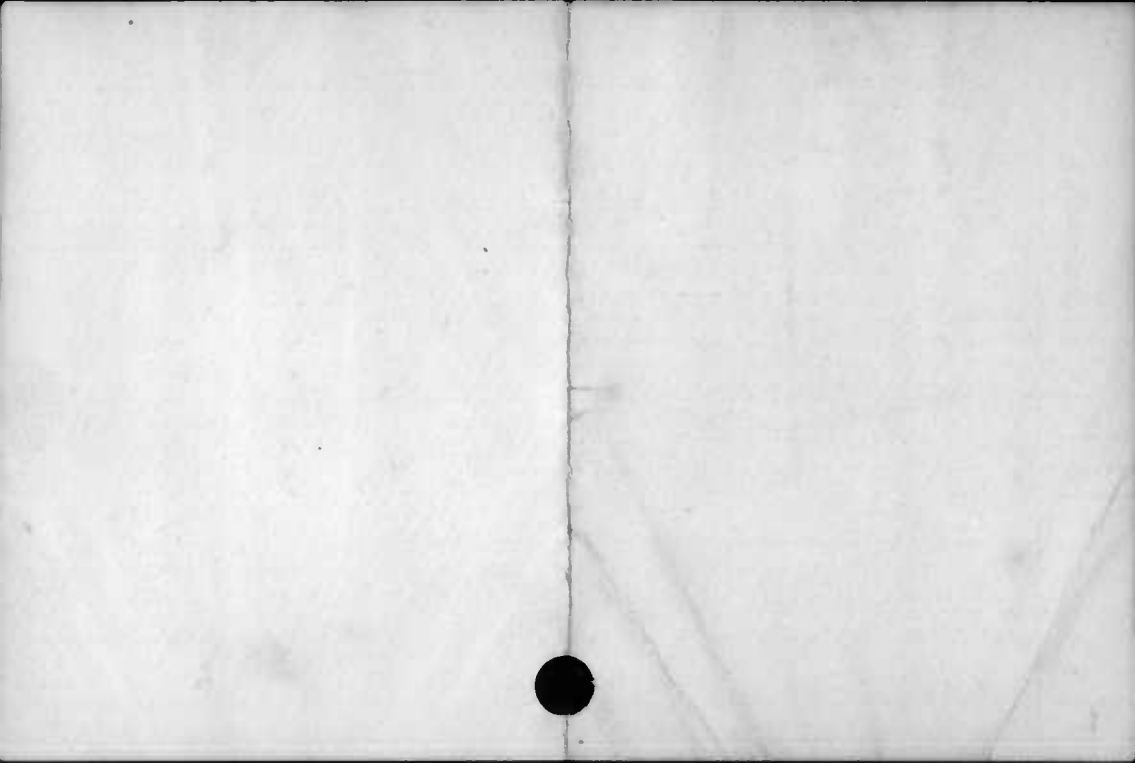
Died at <i>Putney</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>21</i>	Age <i>48</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White American</i>		Birth-place <i>Westminster Md</i>		
Occupation <i>Blacksmith</i>	Where Residing if not at place of death				
Married, <del>Yes</del>	Name of Wife or Husband <i>Agnes McChelland</i>				
Father's Name <i>John W McChelland</i>	Father's Birthplace <i>Westminster Md</i>				
Mother's Maiden Name <i>Julia Lister</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Agnes McChelland</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>6 mos.</i>
Immediate <i>Bright's Disease</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. E. Gaver</i>
	Address <i>Putney Md</i>
Accident or Suicide?	



Name  
in  
Full

Mattie Massicot

350

CERTIFICATE OF DEATH

Died at Westminister

Town

Carroll

County

MARYLAND

Date of death 1908

Month

Mar

Day

18

Age

Years

27

Months

Days

Sex Female

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Housekeeper

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Theodore Massicot

Father's  
Name

Noah Wantz

Father's  
Birthplace

Maryland

Mother's  
Maiden NameMother's  
Birthplace

Maryland

Name of person giving  
In formation

Theodore Massicot

How related  
to deceased

Husband

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

T. J. Coonan

Address

Westminster

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

St Johns Cemetery



Name in Full		Michael Moore				324 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Westminster <sup>Town</sup>		Carroll <sup>County</sup>	
		Date of death		1908 Mar		Age 103	
		Sex		Male		Color or Race White	
		Occupation		Laborer		Where Residing if not at place of death	
		Married, Single or Widowed		Single		Name of Wife or Husband	
		Father's Name		Don't Know		Father's Birthplace	
		Mother's Maiden Name		Don't Know		Mother's Birthplace	
Name of person giving information		Elizabeth Harman		How related to deceased		Friend	
				CAUSES OF DEATH		154	
PHYSICIAN OR CORONER		Primary		Senility		How long	
		Immediate		Heart Failure		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes			
		Signature of Physician		Chas. R. Fox			
		Address		Westminster			
		Accident or Suicide?					

St Johns cemetery  
Stones

Name  
in  
Full

Mary H Ogle

322

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908 March 14</i>		Month <i>March</i>		Day <i>14</i>		Age <i>73</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Months <i>9</i> Days <i>12</i>	
Occupation <i>General house work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James W Ogle</i>					
Father's Name <i>Secret Known</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Edith A. Hughes</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Indigestion Acute</i>	How long <i>3 or 4 days</i>
Immediate <i>Angina Pectoris</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Billingslea M.D.</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>No</i>	

Union Bridge

Name  
in  
Full319  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

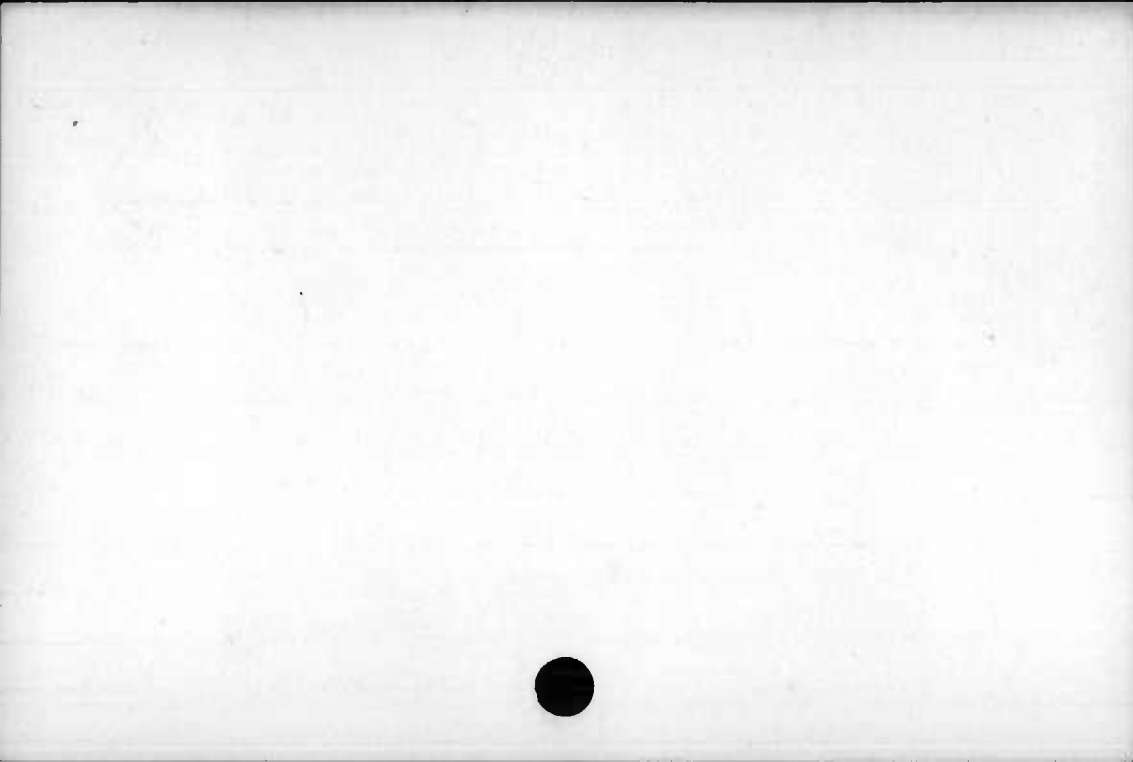
Name in Full <i>George Garrettsen Reese</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Date of death <i>1908 March 2</i>		Age <i>—</i>		Months <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William de Reese</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Ada Buckingham</i>				Mother's Birthplace <i>Id</i>			
Name of person giving information <i>William de Reese</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary <i>Liver Trouble</i>	How long <i>3 weeks</i>
Immediate <i>Sick Stomach</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. R. R. R. R.</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Sophia Reising

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

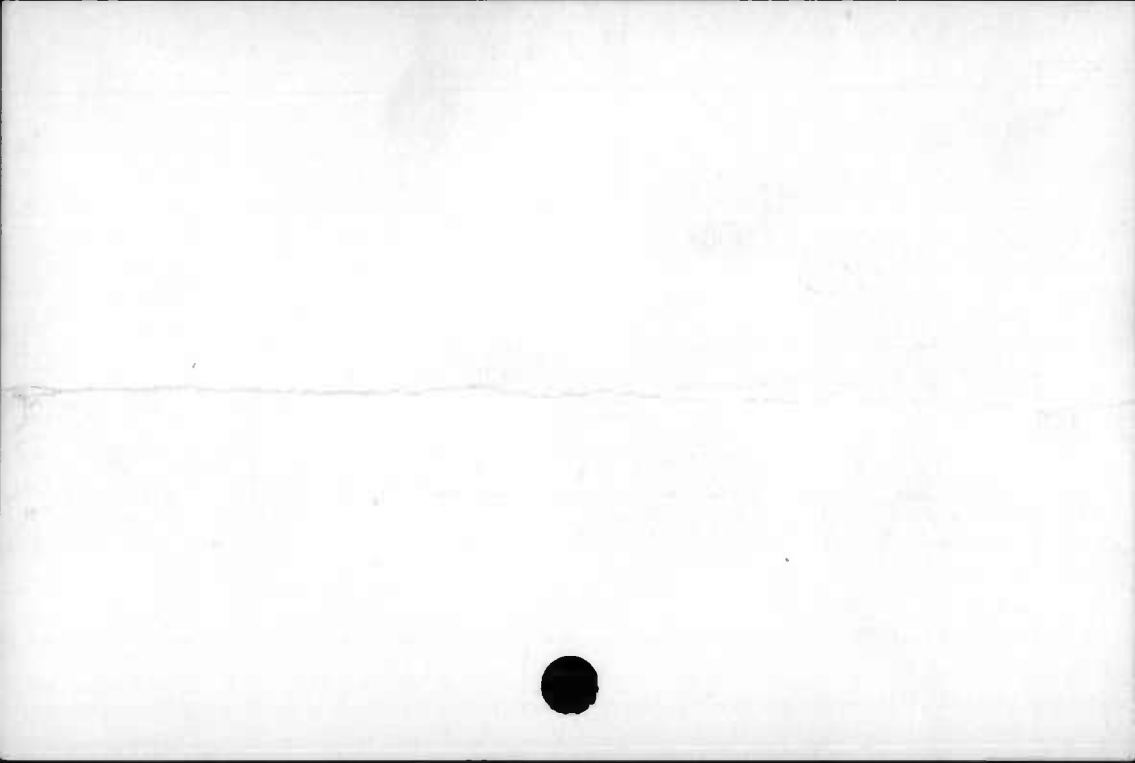
Died at <i>Springfield Hospital</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup> —		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>16<sup>th</sup></i>	Age <i>5-6</i>	Months —	Days —
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>	
Occupation <i>Domestic</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Hospital Records -</i>		How related to deceased <i>none</i>			

## CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary <i>Chronic Melancholia</i>	How long <i>4 yrs.</i>
Immediate <i>Malnutrition &amp; Exhaustion</i>	How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. Henry Fisher M.D.</i>
	Address <i>Sykesville Ind.</i>
Accident or Suicide? <i>no.</i>	





Name  
in  
Full

Infant Saylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Harney</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	190 <u>8</u> Month <u>Mar</u> Day <u>4</u>	Age	<u>no</u> Years	<u>no</u> Months	<u>no</u> Days
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Harney</u>
Occupation	<u>none</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband			
Father's Name	<u>William Albert Saylor</u>			Father's Birthplace	<u>St Annys Md</u>
Mother's Maiden Name	<u>Blanche Estelle Nole</u>			Mother's Birthplace	<u>McSherrue Wis</u>
Name of person giving information	<u>William Albert Saylor</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

S

PHYSICIAN  
OR CORONER

Primary	<u>Still Born</u>	How long	<u>no time</u>
Immediate	<u>Still Born</u>	How long	<u>no time</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Chandra M. Bessmer</u>
		Address	<u>Harney Town</u>
			<u>Md</u>
Accident or Suicide?			



Name  
in  
Full

Ellen Catherine Sellers

329

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Month</sup>	<i>Mar</i> <sup>Day</sup>	<i>18</i> <sup>Age</sup>	<i>69</i> <sup>Years</sup>	<i>8</i> <sup>Months</sup>
					<i>10</i> <sup>Days</sup>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Maid</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Jacob Sellers</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Ruth Hosfeld</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Mrs Jose Null</i>			How related to deceased	<i>Niece</i>

## CAUSES OF DEATH

41

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of intestines</i>	How long	<i>Don't know</i>
Immediate	<i>" " "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Lewis H. Woodward</i>
		Address	<i>Westminster Md.</i>
Accident or Suicide?	<i>No</i>		

Mount Union Cemetery  
Stoner

Name  
in  
Full

John L Shaw

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

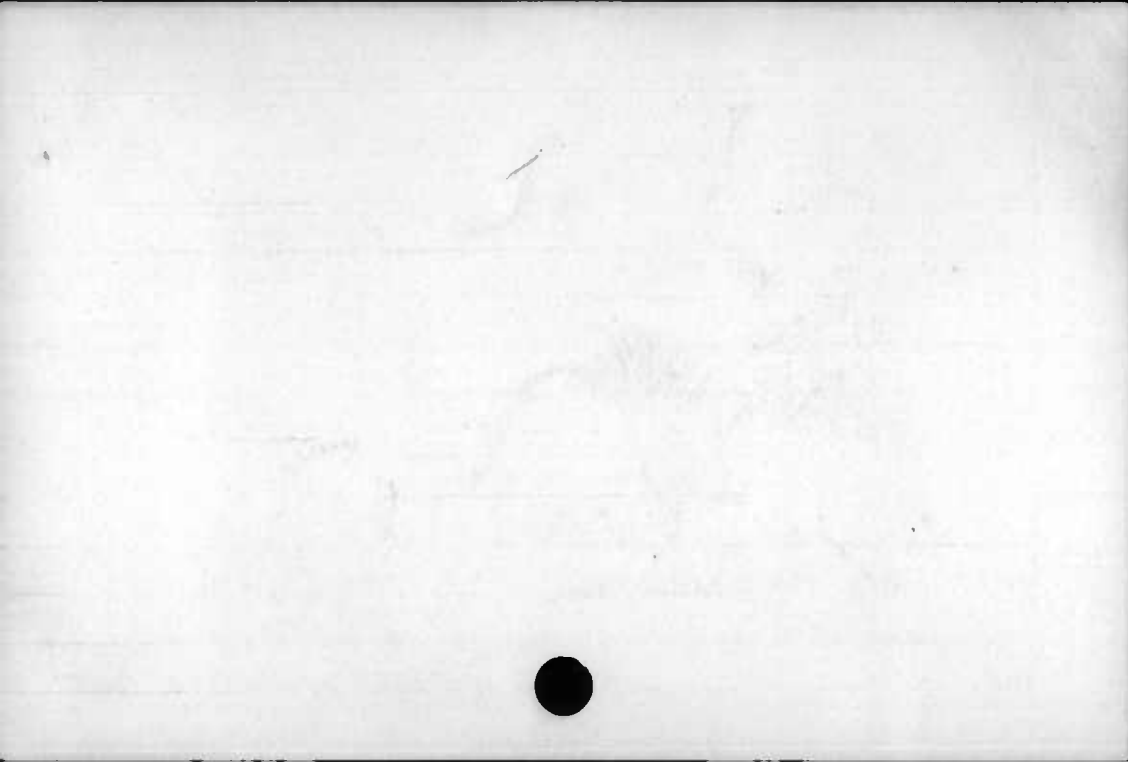
Died at		Town Annonson		County Carroll		MARYLAND	
Date of death		1908	Month March	Day 13	Age 70	Years 70	Months 6
Sex Male		Color or Race White		Birth- place Pa		Days 28	
Occupation Carpenter				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Mary J Shaw			
Father's Name		John Shaw				Father's Birthplace Pa	
Mother's Maiden Name		Jennie				Mother's Birthplace Pa	
Name of person giving in formation		Olin E Shaw				How related to deceased Son	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Heart Disease	How long	2 years
Immediate	Convulsions	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Luther Kemp	
Address		Annonson Md.	
Accident or Suicide?			



Name  
in  
Full

Samuel Slick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

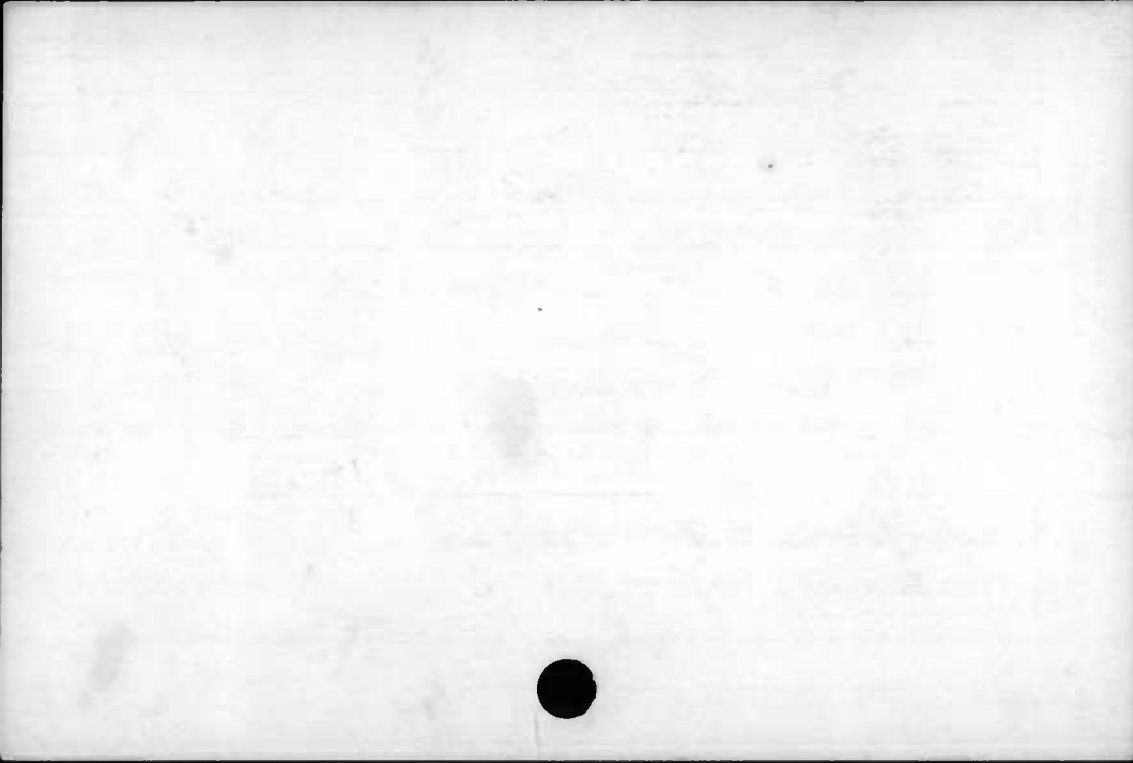
Died at <i>Near Toneytown</i>		Town <i>Barroll</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>2</i>	Age <i>88</i>	Years	Months <i>5</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single <i>Widowed</i>			Name of Wife or Husband <i>Sarah Slick</i>				
Father's Name <i>Francis Slick</i>			Father's Birthplace <i>Mod</i>				
Mother's Maiden Name <i>Margaret Newcomer</i>			Mother's Birthplace <i>Mod</i>				
Name of person giving information <i>Joshua Blingan</i>			How related to deceased <i>Son-in-law</i>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Do not know</i>	How long
Immediate <i>old age - Heart Failure An hour</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Lewis</i>
	Address <i>Toneytown. Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Elizabeth Ann Smith

337

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Did not		Town Medford		County Carroll		MARYLAND	
Date of death		Month 1908	Day April	Age 31	Years 67	Months 3	Days 5
Sex Female		Color or Race White		Birth- place Maryland			
Occupation Housekeeper				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Thomas		Smith			
Father's Name Robert H Caples		Father's Birthplace Maryland					
Mother's Maiden Name Eveline Balderstone		Mother's Birthplace Maryland					
Name of person giving Information Thomas Smith		How related to deceased Husband					

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary apoplexy & Paralysis	How long one year
Immediate Fracture - Hip -	How long Six weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. Brown M.D.
	Address 1 New Windsor Maryland
Accident or Suicide?	

Deer Park Cemetery -  
Stones

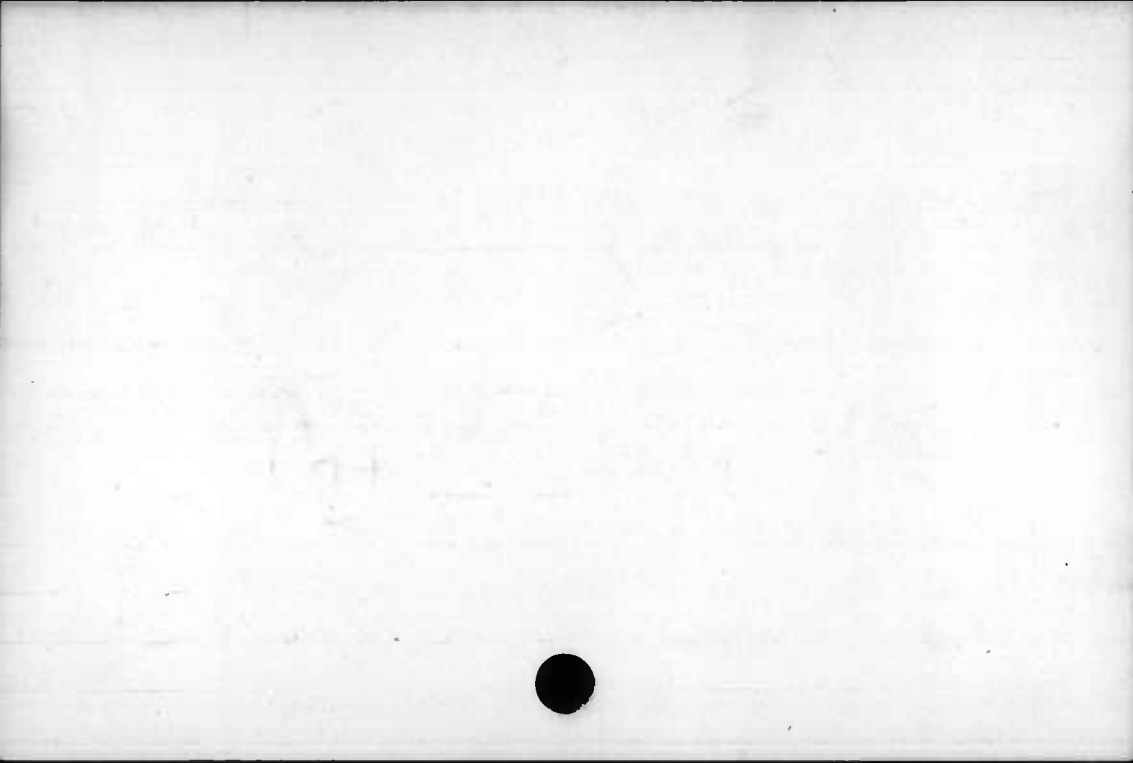
Name  
in  
Full128  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup>		<i>Starr</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Mar.</i>	Day <i>12</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Harry Starr</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Florence B. Butler</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Harry Starr</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Prematurity</i>	How long <i>6 mos</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas R Foutz</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>—</i>	<i>Md.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

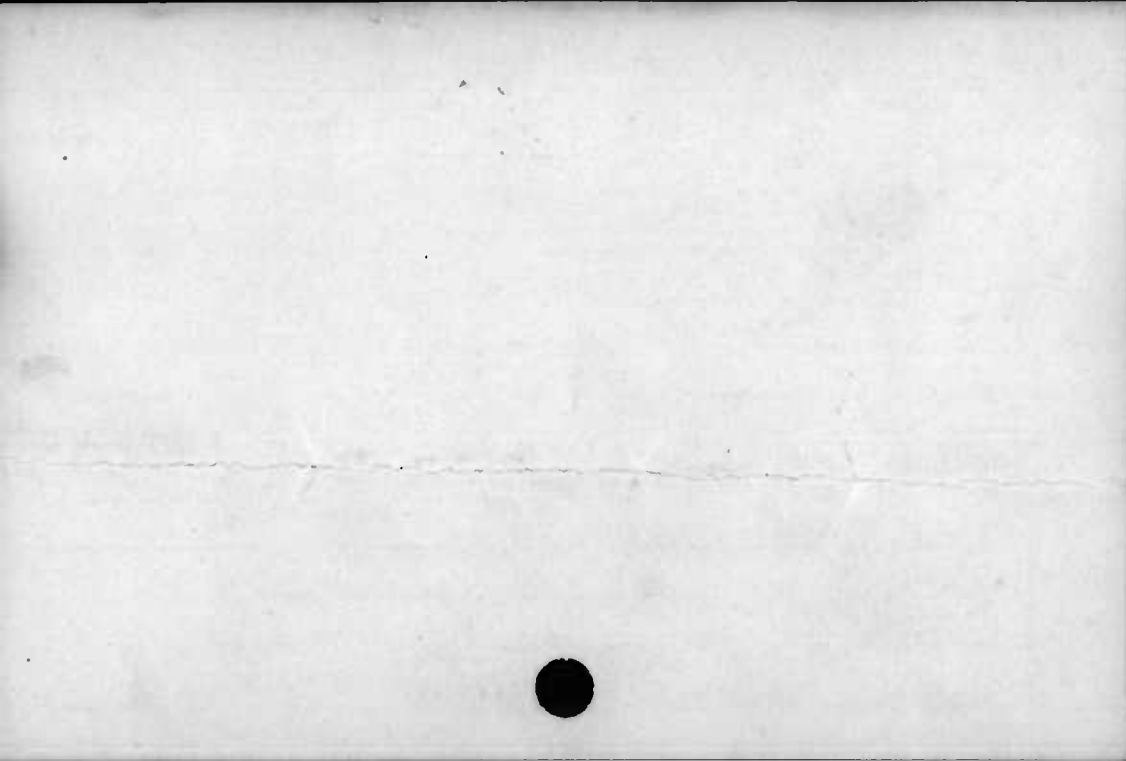
Name <i>Elizabeth Stiffler</i>		Town <i>Glen Rock</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Glen Rock</i>		Month <i>Mar</i>		Day <i>12</i>		Years <i>24</i>	
Date of death <i>1901</i>		Month <i>Mar</i>		Day <i>12</i>		Years <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>		Months <i>8</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death		Days <i>9</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. E. Stiffler</i>		Father's Birthplace <i>Germany</i>			
Father's Name <i>Amiel R. Fisher</i>		Mother's Maiden Name <i>Amanda Boeser</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Mrs. E. Stiffler</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

130

PHYSICIAN  
OR CORONER

Primary <i>Pelvic Cellulitis</i>	How long <i>1 Week</i>
Immediate <i>Cardiac Failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. A. Hildebrand</i>
	Address <i>Glen Rock, Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Bessie Estelle Stockdale

Town

County

Died at near Apperco

MARYLAND

Date 19 08 Month mar Day 30 Age 7.13 Native of Maryland Occupation no

Male

White

Married

no

Widow

no

Divorced

no

Female

~~Colored~~

Single

yes

Widower

no

Number of children living

no

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

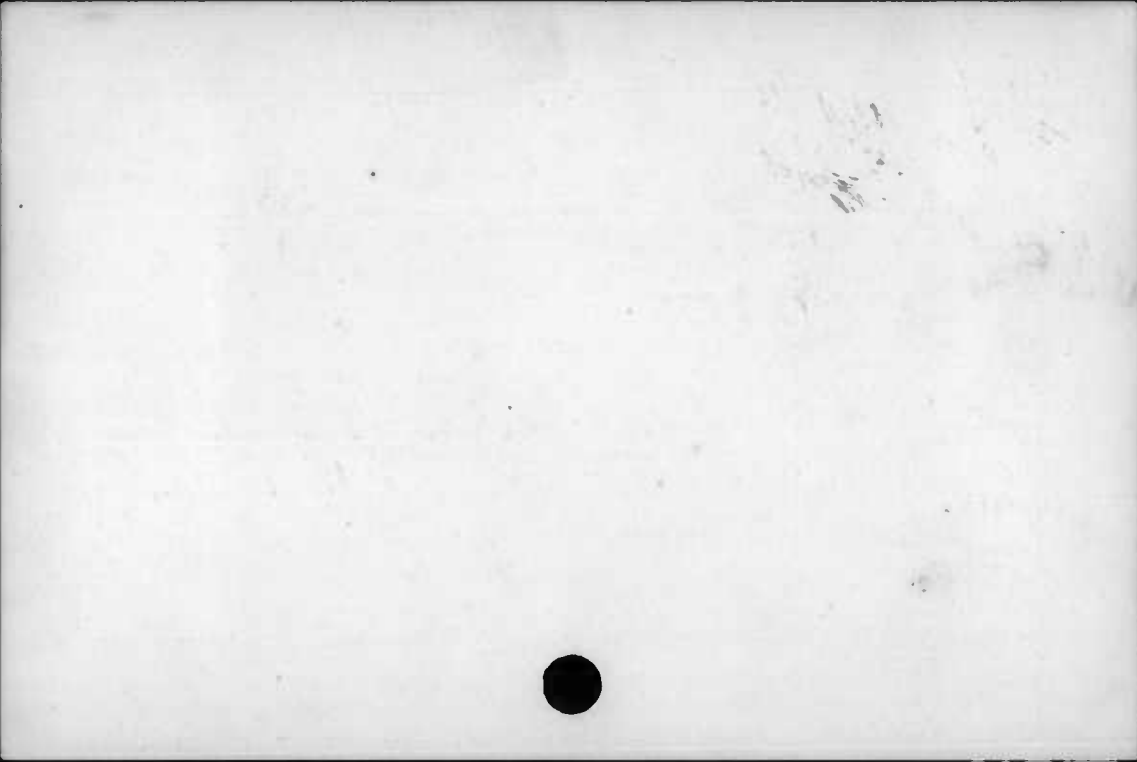
27

(over)

Father's birthplace — near Wphero  
Mother's birthplace — Hampstead.



Name in Full <i>Carole Savilak Stuller</i>		CERTIFICATE OF DEATH	
Died at <i>near Sams Creek</i> Town <i>Sams Creek</i>		County <i>Carroll</i>	
Date of death <i>1908</i> Month <i>3</i> Day <i>13</i>		Age <i>40</i> Years Months <i>7</i> Days <i>28</i>	
Sex <i>Female</i>		Color or Race <i>White</i>	
Occupation <i>Housewife</i>		Birth-place <i>Carroll Co, Md.</i>	
Where Residing if not at place of death <i>near Sams Creek - Md.</i>			
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> Husband <i>Saml. Stuller</i>	
Father's Name <i>Michael Kemper (deceased)</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Lydia Huntz (deceased)</i>		Mother's Birthplace <i>Unknown</i>	
Name of person giving information <i>Saml. Stuller</i>		How related to deceased <i>Husband</i>	
CAUSES OF DEATH			
Primary <i>Typhoid Pneumonia</i>		How long <i>16 days</i>	
Immediate <i>"</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A J Cronk</i>	
		Address <i>Taylorsville</i>	
		<i>Carroll Co</i>	
Accident or Suicide?			



Name in Full <b>Howard Shipley Sullivan</b>		CERTIFICATE OF DEATH			
Died at <b>Sykesville</b> <small>Town</small>		<b>Carroll</b> <small>County</small>		MARYLAND	
Date of death <b>1908</b> <small>Month</small> <b>Mar</b> <small>Day</small> <b>2</b> <small>Years</small> <b>16</b>		<b>8</b> <small>Months</small> <b>10</b> <small>Days</small>			
Sex <b>Male</b>		Color or Race <b>white</b>		Birth-place <b>Kent Co. Md</b>	
Occupation <b>School boy</b>		Where Residing if not at place of death <b>same</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>Son of Charles A Sullivan</b>			
Father's Name <b>Charles A. Sullivan</b>		Father's Birthplace <b>Howard Co</b>			
Mother's Maiden Name <b>Annie L. Shipley</b>		Mother's Birthplace <b>Baltimore Co</b>			
Name of person giving information <b>Charles A. Sullivan</b>		How related to deceased <b>Father</b>			
<b>Blow on skull</b>		CAUSES OF DEATH		<b>164</b>	
Primary <b>Fracture of Skull, Concussion &amp; Compression Brain</b>		How long <b>3 days</b>			
Immediate <b>Failure of Nervous System</b>		How long			
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Daniel B. Precher</b>			
		Address <b>Sykesville Md</b>			
Accident or Suicide? <b>Accident</b>					

I hereby deem an inquest  
unnecessary

J. Saml. F. Leavelle  
Coroner

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

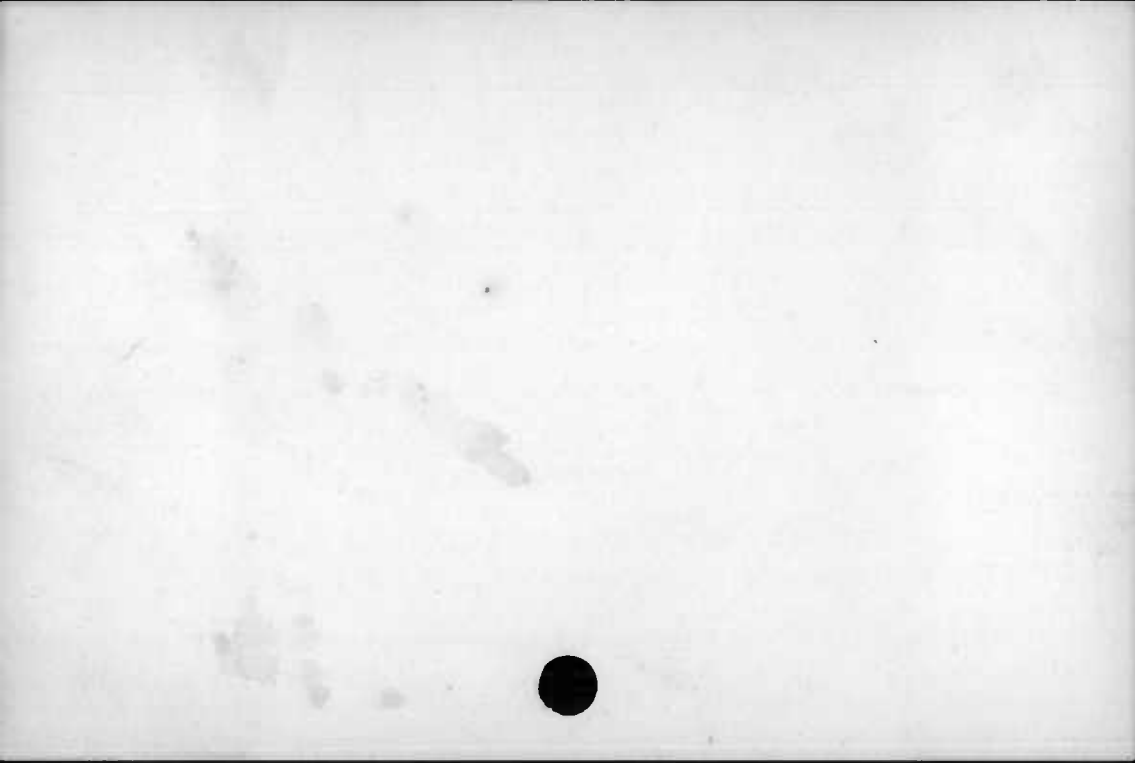
Name in Full <i>Mrs Mary Thieret</i>		Town <i>Manchester</i>		County <i>Carroll co</i>		State <b>MARYLAND</b>	
Died at <i>Manchester</i>		Date of death Month <i>9</i> Day <i>3</i>		Age Years <i>56</i> Months <i>11</i> Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto city</i>			
Occupation <i>house wife</i>		Where Residing if not at place of death <i>Manchester</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John M. Thieret</i>					
Father's Name <i>George Fritz</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Elizabeth Schloder</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>John W Thieret</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Valvular disease of Heart</i>	How long <i>Two yrs</i>
Immediate <i>Dropsey</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Preston M.D.</i>
	Address <i>Manchester Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Abraham Wampler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Near Kridlers school House <sup>County</sup> Carroll

MARYLAND

Date of death 1908 Month 3 Day 17 Age 66 Months Days

Sex male Color or Race white Birthplace Mannheim Township Pa.

Occupation Wornes maker Where Residing if not at place of death Near Kridlers school House

Married, Single or Widowed Married Name of Wife or Husband Catherine Wisner

Father's Name William Wampler Father's Birthplace Mannheim Township Pa.

Mother's Maiden Name Julia Lunbrum Mother's Birthplace Pleasant Hill Pa.

Name of person giving information Edward H. Kridler How related to deceased None Pa.

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary Nervous Dyspepsia

How long

Immediate Apoplexy

How long

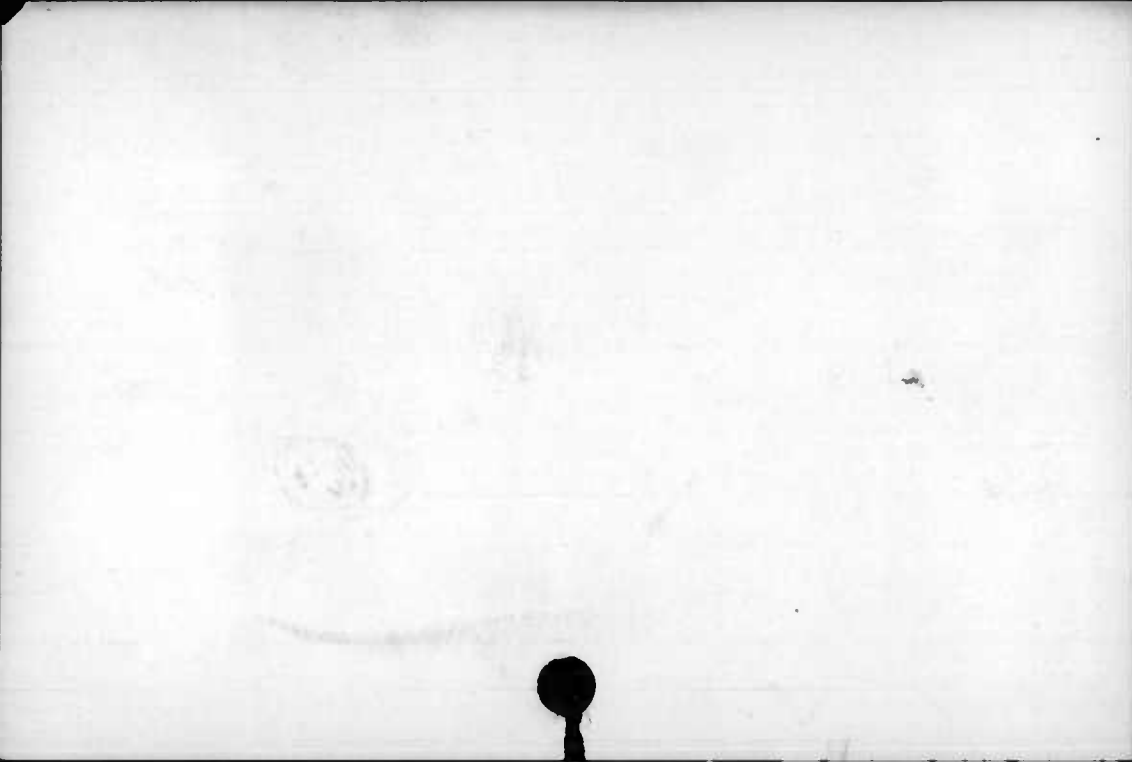
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. S. Marshall

Address Manchester

Md

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

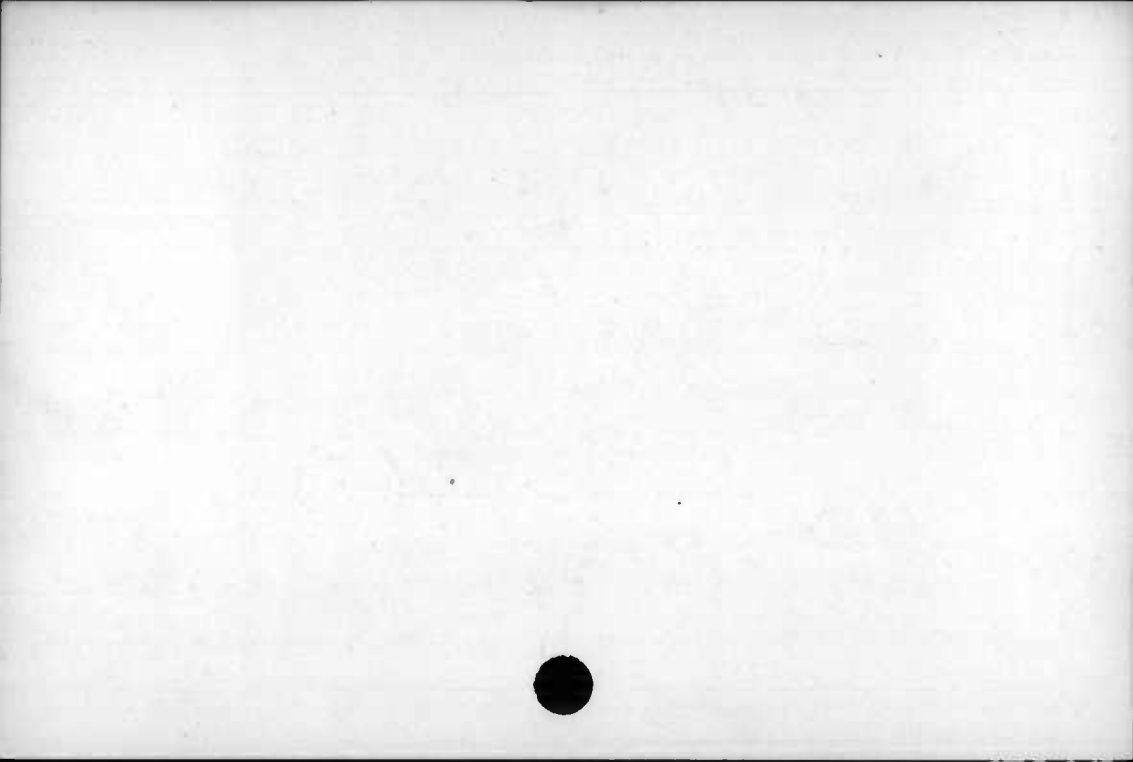
Name <i>Anna Warner</i>		Town <i>Silver Run</i>		County <i>Garrist</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>Mar.</i>		Day <i>16</i>	
Age <i>2</i>		Years <i>2</i>		Months <i>1</i>		Days <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Silver Run</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Wm. Warner</i>				Father's Birthplace <i>Garrist Co</i>			
Mother's Maiden Name <i>Abie Wentworth</i>				Mother's Birthplace <i>Garrist Co</i>			
Name of person giving information <i>Wm. Warner</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary <i>Pertussis</i>		How long <i>2 weeks</i>	
Immediate <i>Broncho Pneumonia</i>		How long <i>7 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. Lewis West Jr. D.</i>	
		Address <i>Union Mills Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

Oscar Webster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hosp.</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>24</i>	Age <i>46</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
Occupation <i>Sailor</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Hampson Webster</i>	Father's Birthplace <i>md</i>						
Mother's Maiden Name <i>Sarah Jones</i>	Mother's Birthplace <i>md</i>						
Name of person giving information <i>Hospital records</i>	How related to deceased						

## CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary <i>Epileptic dementia</i>	How long <i>8 yrs</i>
Immediate <i>Cerebral &amp; Congestion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. J. Carey</i>
	Address <i>Lynchville Md.</i>
Accident or Suicide? <i>No</i>	

